

ETHICS IN PRIVATE PRACTICE *

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ONCE, on your commencement night, memorable speeches were addressed to you; you were exhorted to all the virtues in the calendar, until, in your mind's eye, you already saw an Angel of Mercy in the sickroom.

In the years since then you have been tried in the fires of private duty. Have you lost heart, or are you stronger for the battle? Is it your earnest wish to do your best and to give your best when you enter that room?

Within a few hours, a total stranger, you have come to be a member of the family, the guardian of the sick-chamber, kind, helpful, dependable. You wear a careful uniform. Your mind is on your work. Your thought is not devoid of the suffering here; your sympathies are alive; but you do not condole; rather, you bring cheer by directing your patient's mind to brighter views. You come to alleviate pain; you are not here to show your importance; your good taste will no more allow you to bring a professional manner into this room than will it permit your laundryman to put too much starch into your skirts.

The doctor makes his daily call. He may be an old family friend of yours; he may be your enemy. Neither are you too friendly with him, nor will you exhibit your feeling. Towards his patient his call may have a social inclination; to you, it is on purely business grounds, nothing more. Is criticism of the doctor rife in the family? Does the patient distrust him? It is for you to be loyal to him, so far as it is possible; to reserve to yourself such disapproval as you may feel; in all other things to be entirely honest with the doctor; to carry out his instructions with all faithfulness.

As left on duty in the doctor's stead, you fill a position not less responsible than his own. See to it that the dignity of that position is not compromised. In this household it may be that some prejudice exists against the trained nurse; it is your privilege to live it down. You keep a faithful chart, a map of the course of the disease and of your work. You feel an innocent pride in it, and leave it lying where the family may look it over. Restrain this satisfaction. Put aside what is intended for the physician's eye alone. A general reading may ham-

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per the doctor's freedom in the treatment of the disease, which the family should not too closely follow. Members of the family would dictate lines of conduct to you. While giving as little trouble as you can, waiting upon yourself and conforming, when in your power, to the habits and wishes of the family, maintain your own individuality; trust in your own powers of rendering comfort and care to the invalid, and tacitly refuse to carry out any but the physician's orders.

You are brought into the heart of the family. Some of the members confide their domestic grievances to you. You will find a house divided against itself; "for . . . there shall be five in one house divided, three against two, and two against three. The mother shall be divided against the daughter, and the daughter against the mother. The mother-in-law against her daughter-in-law, and the daughter-in-law against her mother-in-law." Beware of taking sides; in so doing you would but spread division. As you value the quiet of the sickroom, over which you preside, and your own peace of mind, remain on neutral ground.

Would you be in sympathy with your patient? Would you win her confidence? Then regard this poor sufferer, so dependent on your good- or ill-will, in the light of someone most dear to you; put her in that other's stead. Someone has said, "In Ethics, you cannot better the Golden Rule." Suppose you render it, "Do unto others as ye would they should do unto *yours*." This is *your* mother; this *your* sister; this *your* child. The sympathy with your patient that you would seek to feel thus comes more readily, is more spontaneous, more easily her mind is assured and comforted, greater your influence with her, and easier your task. When principle is not involved, you will even humor her a little; nor will you deny her any little comforts within reason. Yet from her you will have certain reserves of your own. Be she ever so congenial, your position is not such that you may at once become intimate friends. You will not be over-confidential, nor forget yourself so far as to throw to the winds your reserve and settle down for a comfortable gossip. She is garrulous; illness has not impaired the use of her tongue; she has been shut in so long that she is quite desperate for news. Being of a lively temper, she would turn you inside out for her entertainment. Your private affairs she would draw from you, or, worse still, she would have you detail the history of all your former patients, including their present and past occupations and their names and addresses. But you are wary; you will not be beguiled into gossip. You endeavor to entertain, but with something other than your neighbors' affairs.

Unconsciously you adopt standards of conduct to suit various cases:

towards the familiar patient, who essays to call you by your Christian name, as well as towards the haughty patient, who holds you at a distance, a self-respecting dignity; to the indifferent patient, who wishes only to be let alone, uniform kindness; forbearance towards the invalid who pours her domestic woes into your ears and then says she "hires" you to listen to them; cheerfulness to the hypochondriac; to the fussy invalid, patience; to the exacting, firmness; some line of self-defence towards the inconsiderate patient and the calculating patient, who fairly stays awake nights to keep you busy.

Have you a patient who would be his own thermometer? Hourly he watches his pulse and temperature. Their fluctuations, their every rise and fall, preys upon his mind. For his own good, even more than to save yourself from torment, should you put an end to this pernicious habit. Do you tactlessly refuse to tell him the height of his temperature? You only irritate him. Do you evade his questions or try to deceive him? This is beneath your high character as a woman and a nurse. Be straightforward; explain how harmful it is for him to follow the course of his fever, and beg him to trust his chart to his nurse and his physician.

Is your patient a devotee of science? Beware of responding to such a call. "Science, falsely so-called," having fallen short of effecting a cure, an anxious family calls in the rejected physician.

From the patient a reluctant consent may have been wrung, but in her breast she cherishes a deep-seated antipathy towards physician, druggs, and nurse. You are distrusted, regarded with suspicion; your ministrations are endured; in that room your presence is not desired; you feel that your hours off duty are as great a relief to your patient as to yourself. A cold dislike meets all your advances; your frankness is returned with deceit. You turn your back; the mummeries of faith-healing are practised behind it. You leave the house for an hour; the healer is smuggled in. The spirit is taken out of you; you lose heart; you become incapable of your best work. No code of ethics may prevail against such odds. 'Tis an unprofitable labor; leave it. What you lose in soul-calm and self-trust cannot be made up to you by the payment of any fee.

You must earn your living by your work among the sick. Must you then grow mercenary? Once the nobility of your profession fascinated you. Since then some of the glamour of the pretty romance has been worn off, some illusions have been brushed aside. Yet the work remains a noble one, with rewards richer than gold. Do you go on duty half worn out, or do you remain with one patient until you are

fatigued past usefulness? In so doing you defraud your patient; you give her false weight; for underdone labor you receive recompense. An article lately written for some medical journal gives statistics that the number of accidents among skilled workmen is greater when the laborers are fatigued, showing the advisability of periods of rest. You, then, the laborer of the sickroom, are capable of better work following periods of rest.

Does the thought of servitude depress you? Remember the ministering Christ. Was not His whole life one of service? He it was who transformed this lowest form of work into the highest labor. You should not be more sensitive to slights than He. Strive not, then, too eagerly after the ideal. In visionary perfection there is loss of power. Trust yourself; stand upon your own footing; cultivate your own judgment; pattern after no human model, but follow in the footsteps of Him who would "heal the sick—and bind up the broken heart."

THE USE OF SCOPOLAMINE IN ANÆSTHESIA

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EVER since the discovery of ether surgeons have been striving to find the ideal anæsthetic, one which will combine the maximum of safety and ease of administration with the minimum of pre- and post-operative dangers and annoyances. But although the discovery of general anæsthesia came over half a century ago, and the period since that time has furnished the greatest advances the medical world has seen, little advancement had been made in the very field that has made so much of our other progress possible, and ether and chloroform, the two general anæsthetics first discovered, are still, in spite of their many disadvantages, supreme in their field. Other methods, such as the sub-arachnoid injection of cocaine, have been tried, but have either been of limited usefulness or have failed altogether. Since 1902, however, several foreign surgeons have been experimenting with scopolamine as an adjuvant to, and in some cases a substitute for, chloroform and ether, and it is the data collected from observation of a series of forty of these cases that furnishes the subject-matter of this paper.

Scopolamine hydrobromate, an alkaloid derived from the *Scopolia Japonica* plant, was first used as a general anæsthetic by Schneiderlin